1175037

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

MAY 2 0 2002

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated Average burden hours

per form 16.00

FORM D

NOTICE OF SALE OF SECURETIES
PURSUANT TO REGULATION DE

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (SUTTONBROOK CA	check if this is an a		•	• ,		
Filing Under (Check bo		☐ Rule 504	☐ Rule 505	X Rule 506	☐ Section 4(6)	ULOE
Type of Filing:	New Filing	☐ Amendment				
		A.	BASIC IDENTIF	CATION DATA		
1. Enter the information	n requested about the i	ssuer				
Name of Issuer (check if this is an a	amendment and name	has changed, and in	dicate change.)		
SUTTONBROOK	CAPITAL PAR	TNERS LP				
Address of Executive O	ffices	(Numl	per and Street, City,	State, Zip Code)	Telephone Number (In	ncluding Area Code)
c/o SuttonBrook C	apital Manageme	ent LLC, 654 Ma	dison Avenue,	Suite 1009,	(212) 308-4310	
New York, NY 10	_					
Address of Principal Bu	siness Operations	(Numb	er and Street, City,	State, Zip Code)	Telephone Number (In	ncluding Area Code)
(if different from Execu	tive Offices)					
Brief Description of Bu	siness				*	PROCESSER
To operate as a privat	e investment limited p	partnership.				SOEL
Type of Business Organ	nization					
☐ corporation		imited partner	ship, already formed	l	other (please sp	pecify):
☐ business trust		limited partners	nip, to be formed			LHOMSON
			Month	Year		MANCIAL
Actual or Estimated Da	te of Incorporation or (Organization:	0 3	20 02	☑ Actual ☐ E	Estimated
Jurisdiction of Incorpora	ation or Organization:	(Enter two-letter U.S	. Postal Service Abl	reviation for State	:	
		CN for Canada; FN	I for other foreign ju	risdiction)		D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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			TIFICATION DATA		
	n requested for the fol		_		
•	-	has been organized within the	•		
		·	e vote or disposition of, 10% or		
		-	e general and managing partner	s of partnership issu	ers; and
	nanaging partner of pa				
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
SUTTONBROOK CAPITAL			·		
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
654 Madison Avenue, Suite 10	009, New York, NY 1	0021			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if it	•				
SUTTONBROOK CAPITAL Business or Residence Address		City, State, Zip Code)			
		•			
c/o SuttonBrook Capital Man					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General Partner of SuttonBrook GP
Full Name (Last name first, if in	ndividual)				
SUTTONBROOK CAPITAL	ASSOCIATES LLC	("SUTTONBROOK LLC")		
Business or Residence Address					
/o SuttonBrook Capital Man	agement LLC, 654 V	ladison Avenue, Suite 1009.	New York, NY 10021		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Manager of SuttonBrook L	☐ Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
LONDON, JOHN A.					
Business or Residence Address	(Number and Street,	City, State, Zip Code)		*	
z/o SuttonBrook Capital Man	agament IIC 654 M	Indison Avenue Suite 1000	Now York NV 10021		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
			Manager of SuttonBrook L		Managing Partner
Full Name (Last name first, if i	ndividual)				
WEINSTEIN, STEVEN M.					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
z/o SuttonBrook Capital Man	agement LLC 654 M	adison Avenue Suite 1000	New York, NV 10021		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
				2 2 1100001	Managing Partner
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Street.	City, State, Zip Code)			,
	(y,,p			
	/Hea blo	nk sheet or conv and use add	itional conies of this sheet as n	ececrary)	

	Has the issuer					INFORM									
	Has the issuer													_	Vо
		r sold, or do	es the issue	er intend to	sell, to non	-accredited	investors i	n this offer	ing?			•••••			X
2.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
	What is the m	inimum in	vestment th	at will be a	ccepted fro	m any indiv	vidual?								<u>)00</u>
															No.
3.	Does the offer	ring permit	joint owner	rship of a s	ingle unit?.									X	
	Enter the inf														
	remuneration														
	agent of a bro to be listed are											e than live	(5) persons		
	Name (Last na		-												
NON	`		.												
	ness or Resider	nce Addres	s (Number :	and Street.	City State.	Zin Code)									
Dusii	less of Reside	nee riddres	s (Trainice)	una Barcei,	erry Brace,	Zip Code)									
															
Name	e of Associated	d Broker or	Dealer												
States	s in Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser									
	(Check "Al	Il States" or	r check indi	vidual Stat	es)									All State	es
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
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Busir	ness or Resider	nce Addres	s (Number :	and Street	City State.	Zip Code)									
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		10.1	n 1												
Name	e of Associated	Broker or	Dealer												
States	s in Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	3								
	(Check "Al	II States" or	check indi	vidual Stat	es)									All State	es
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
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	`	,	,												
Busir	ness or Resider	nce Addres:	s (Number a	and Street,	City State,	Zip Code)							····		
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N 1	C A	1 D . 1	D 1												
Name	e of Associated	1 Broker or	Dealer												
States	s in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers									
	(Check "Al	ll States" or	check indi	vidual Stat	es)	******	*************	·····			••••			All State	ès
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		3
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	"0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of securities offered for exchange and already exchanged.			A	ount Already
	Type of Security	Aggregate Offering Price (1)	AII	Sold (2)
	Debt	\$	_	\$	
	Equity	\$	_	\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	_	\$	
	Partnership Interests Limited Partnership Interests	\$100,000,00	<u>10</u>	\$	12,600,000
	Other (Specify:	\$	_	\$	
	Total	\$ 100,000,00	10	\$	12,600,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors (2)		Do	Aggregate ollar Amount Purchases (2)
	Accredited Investors	` `		\$	12,600,000
	Non-accredited Investors		_		N/A
	Total (for filings under Rule 504 only)		_	-	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		_	Ψ_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			Do	ollar Amount
	Type of offering	Type of Securit	у	Σ.	Sold
	Rule 505	N/A	_	\$_	N/A
	Regulation A	N/A	_	\$_	N/A
	Rule 504	N/A		\$_	N/A
	Total	N/A	_	\$_	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		X	\$	(
	Printing and Engraving Costs		X	\$	5,000
	Legal Fees		X	\$	55,000
	Accounting Fees		X	\$	10,000
	Engineering Fees		X	\$	0
	Sales Commissions (specify finders' fees separately)		X	\$	C
	Other Expenses (identify): marketing; blue sky		X	\$	5,000
	Total		X	\$	75,000 (3)
(1)	Estimated for purposes of filing this Form D.				
	Number of investors and amount sold reflects U.S. and Non-U.S. sales.				
(2)					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross

99,925,000

	•			
5.	of the purposes shown. If the amount for any pur	roceeds to the issuer used or proposed to be used for ea pose is not known, furnish an estimate and check the b nents listed must equal the adjusted gross proceeds to t b above.	ox	
			Payments to Officers, Directors, and Affiliates	Payments to Others
	Salaries and fees		X \$_(1)	s
	Purchase of real estate		• \$	> s
	Purchase, rental or leasing and installation of mac	hinery and equipment	• \$	> \$
	Construction or leasing of plant buildings and fac	ilities	• \$	► s
	Acquisition of other businesses (including the val may be used in exchange for the assets or securitie	ue of securities involved in this offering that es of another issuer pursuant to a merger)	> \$	> \$
	Repayment of indebtedness		• \$	▶ s
	Working capital		\$	s
	Other (specify): Investments		s	\$ 99,925,000
	Column Totals		🗴 \$_(1)	S \$ 99,925,000
	Total Payments Listed (column totals added)		× \$_	99,925,000
(1)	The Issuer will pay to SuttonBrook Capital Manag Issuer's Private Placement Memorandum.	gement LLC, the Manager, quarterly management fees p	oursuant to the terms and rates	s as reflected in the
		D. FEDERAL SIGNATURE		
an un		e undersigned duly authorized person. If this notice is fitties and Exchange Commission, upon written request o of Rule 502.		
Issue	(Print or Type)	Signature	Date	
SUT	TONBROOK CAPITAL PARTNERS LP	DONETHO	5/14	/02
Name	of Signer (Print or Type)	Title of Signer (Frint or Type)		
By: 5	SuttonBrook Capital Associates LP, the General ner	John London, Manager		
	SuttonBrook Capital Associates LLC, the ral Partner of the General Partner			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)